

## DOCUMENT RESUME

ED 444 316

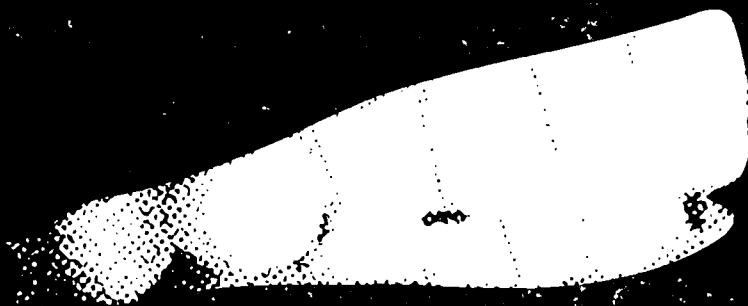
EC 308 007

AUTHOR Allen, William T.  
TITLE Read My Lips: It's My Choice.  
INSTITUTION Minnesota Governor's Planning Council on Developmental Disabilities, St. Paul.  
PUB DATE 2000-01-00  
NOTE 100p.  
AVAILABLE FROM Minnesota Governor's Council on Developmental Disabilities, Department of Administration, 370 Centennial Office Building, 658 Cedar St., St. Paul, MN 55155; Tel: 877-348-0505 (Toll Free); Tel: 651-296-4018 (Voice); Tel: 651-296-9962 (TDD); Fax: 651-297-7200; e-mail: admin.dd@state.mn.us; Web sites: <http://www.mnddc.org> or <http://mncdd.org>.  
PUB TYPE Books (010) -- Guides - Non-Classroom (055)  
EDRS PRICE MF01/PC04 Plus Postage.  
DESCRIPTORS Adults; Advocacy; Check Lists; \*Decision Making Skills; \*Developmental Disabilities; Employment; Housing; Individual Power; Interviews; \*Needs Assessment; Recreation; Secondary Education; \*Self Advocacy; Services; Skill Development; Student Participation; \*Transitional Programs; \*Vocational Rehabilitation  
IDENTIFIERS \*Individualized Transition Plans

## ABSTRACT

This resource guide for individuals with developmental disabilities and their advocates looks at five ways to increase the freedom of choice for people with developmental disabilities, including assessing needs, planning for services, evaluating services, understanding the service system, and teaching self-advocacy. The first section includes a home interview designed so that people with developmental disabilities can become more involved in developing their own training goals for where they live and work. The second section contains an Individual Program Planning Guide designed so that people with developmental disabilities can become more involved in writing their own service plans. An Individual Transition Planning guide is also provided to help students and their families in planning for the future. A Housing Checklist follows that is designed so that people with developmental disabilities can become more involved in looking at the places where they live and finding out what they like and what could be better. A Consumer Rights Statement is then provided that outlines the rights of people with developmental disabilities when dealing with social services agencies. A final section discusses self-advocacy promotion objectives for social service agencies. Guidelines for administering the checklists are provided. (Contains 14 references.) (CR)

# READ MY LIPS



## IT'S

## CHOICE...

U.S. DEPARTMENT OF EDUCATION  
Office of Educational Research and Improvement  
EDUCATIONAL RESOURCES INFORMATION  
CENTER (ERIC)

- ☒ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND  
DISSEMINATE THIS MATERIAL HAS  
BEEN GRANTED BY

Wieck

TO THE EDUCATIONAL RESOURCES  
INFORMATION CENTER (ERIC)

2  
MINNESOTA - GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES

BEST COPY AVAILABLE

## **PREFACE**

It is hoped that the information in this guide is written in a way that is easy to understand. This was done for several reasons:

- so that people with a developmental disabilities who read, can read it and use it;
- so that people who advocate for those who cannot read can explain it more easily;
- so that we can all understand something together.

The activities and checklists contained in this guide have been used in a variety of ways. Any of the materials can be copied or changed to meet the needs of people in your area. There is no end to the ways that consumers can become more involved in developing service plans.

Reprinted, January 2000

For additional free copies,  
please contact  
Minnesota Governor's Council  
on Developmental Disabilities  
Department of Administration  
370 Centennial Office Building  
658 Cedar Street  
St. Paul, MN 55155  
(651) 296-4018 voice  
1-877-348-0505 toll free  
(651) 296-9962 TDD  
(651) 297-7200 fax  
Email: [admin.dd@state.mn.us](mailto:admin.dd@state.mn.us)  
<http://www.mniddc.org> OR <http://mnidd.org>

  
by  
**William T. Allen, Ph.D.**

Originally developed for the Association of  
Regional Center Agencies Integrated  
Service Systems Project

Additional use or distribution  
must be approved by the  
author, William T. Allen,  
Allen, Shea & Associates,  
1040 Main Street  
Suite 200B  
Napa California 94559  
707/258-1326

# **ABLE OF CONTENTS**

## **INTRODUCTION 5**

### **A Consumer-Based Needs Assessment 5**

Home Interview 6

Area-Wide Needs Assessment 24

### **B Developing Consumer-Based Service Plans 27**

Individual Program Planning Guide 29

Transition Planning Guide 39

Individual Supported Employment  
Planning Guide 51

### **C Methods of Consumer-Based Evaluation 63**

The Housing Checklist 64

The WorkPlace Checklist 73

Staff Evaluation 77

IPP Checklist 79

Quality of Life Survey 80

Other Ways 84

### **D Ideas on Making the Service System Understandable 87**

### **E Promoting Self-Advocacy 93**

### **F References 99**

---

**"None of us makes our life alone. We each rely on a variety of formal and informal resources to create better life experiences. . . . People with severe disabilities count on more able people's planning and organizing skills for help to identify and coordinate resources to meet life's challenges."**

*John O'Brien*

---

**Hard choices, big decisions.** Are these the things I want to learn? Is this the kind of work I want to do? Is this where I want to live? How should I spend my money? Should I get married? Have a family? What will I do when I retire? These are some of the big decisions that all of us must make at different times in our lives.

Then, there are those nagging little ones that become a part of our everyday life. Should I sleep for 10 more minutes? What should I wear? Should I drive to work or carpool? Should I drink another cup of coffee? How about dessert? What's on t.v.? As hard as it may seem, none of us would give up the freedom to make decisions in our everyday lives.

**The first step.** Social workers, case managers and advocates can help people with developmental disabilities get the services and training they need to be more independent and productive members of the community. They can also help people increase their freedom of choice.

This resource guide will look at five ways that you can help increase the freedom of choice for people with developmental disabilities:

- ▢ Assessing needs
- ▢ Planning for services
- ▢ Evaluating services
- ▢ Understanding the service system
- ▢ Self-advocacy

**An example.** One of the first checklists you will find on the following pages is the Individual Program Planning Guide. If you decide to use it, the agenda you would follow for the individual annual planning meeting might look like this:

- ▢ **Introductions.** Everyone who is attending the meeting states who they are and how they can help support the consumer.
- ▢ **Purpose of the meeting.** It is explained that the purpose of the meeting is to share information about strengths and needs and to come up with some plans that will help the consumer become more independent and productive now and in the future.

▮ **Sharing information.** This is a chance for the consumer and those who work with him or her to talk about strengths and needs at home, at work and in the community. This is a time to review the Individual Program Planning Guide or the Home Interview, etc. In addition, the consumer may have made an audio tape of his or her ideas about the future.

▮ **Making plans.** This is the time to develop plans for the next year which will help the consumer be more independent and productive at home, at work and in the community. Everyone must agree on them and the consumer has the last word.

**Other Considerations.** It is hoped that you decide to use many of these checklists and activities in your work. There are a few additional ideas to remember when adapting them to the needs of people with developmental disabilities in your area:

▮ **Language differences.** You might want to have the materials translated into different languages.

▮ **Ethnic-cultural differences.** You might want to consider where to hold the home interview, planning conference, etc. based on personal preference.

▮ **Procedural differences.** Agencies have different procedures regarding planning and evaluating services, etc. These materials can be cut and pasted to work around those differences.

A

# CONSUMER- BASED NEEDS ASSESSMENT



**"My parents always had a dream for my brothers and sisters for when they grew up, but nobody had a dream for me, so I never had a dream for myself. You can never have a good life if nobody ever has a dream for you, unless you learn to have a dream for yourself."**

*Connie Martinez*

Capitol People First

**Asking people what they need is one way to help start thinking about what they want for themselves now and in the future. This section includes two samples of how to include people with developmental disabilities in assessing need for services:**

**T**he Home Interview was written so that people with developmental disabilities can become more involved in developing their own training goals for where they live and work. Community-based training programs should be encouraged to use it or a similar tool.

7 Complete the Home Interview at the time of the annual review with the consumer, parent or residential and work service providers, and other interested persons.

7 At the end of the Home Interview, review the general kinds of service plan objectives you will be writing and ask for a summary from other service providers as well. Most important, ask the consumer if these are the kinds of things that he or she wants to work on.

To: Consumers, Parents and Residential Service Providers

Once each year, your residential and work service providers will sit down with you to fill out the attached home interview form. The information helps us to understand what people can do and what they want to learn to do. All of the interview forms are written in the first person, so that they can be filled out by the consumer or a parent or friend if help is needed.

The following pages contain:

- **The Home Interview Coversheet** which is filled out before meeting with you.
- **A Personal Update** which asks some questions about where you live, medical information, etc.
- **A Neighborhood Survey** which asks some questions about the streets, friends and places that you visit in the community.
- 7 **Likes and Dislikes** which looks at the activities and foods that you like and dislike and things which might keep you from community activities.

## HOME INTERVIEW

Ideas on how to use it

### ASK, OBSERVE, ASK OTHERS

First, try asking people who can read or understand words or sign to complete the Home Interview on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) in completing the Home Interview.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the Home Interview.

BEST COPY AVAILABLE

- **A Strengths and Needs Survey** which lists the things that you can do or need help with at home, in the community, in recreation/leisure activities and at work.
- **A Summary Sheet** where we can sum up what we talk about.
- **A Feedback Form** which you can fill out and send back to us after the home interview.

A copy of the home interview will be sent to you before we meet, so you may start to think about your answers. It's yours to keep and to write notes on.

After the home interview is completed, training objectives will be written into your individual service plan with your approval. These objectives will help guide the people where you live and work about the things you need help on and want to learn. Thank you for letting us come into your home for this interview. As you can see, the information is very important to everyone.

## HOME INTERVIEW: AN EXAMPLE OF HOW IT WORKS

Here is an example of how a Home Interview could be used to set up a training plan:

John is twenty-eight years old and lives with three other people in a community residence. After completing a Home Interview, some of the things that we found out about John are that he:

- lives on a busy street with signals and crosswalks;
- visits a friend who lives several blocks away when he can get someone to drive him;
- goes to the mall, movies, fast food restaurants, and the library on a weekly basis;
- likes most foods, music, card games, outdoor sports and yardwork;
- gets along with his house mates;
- has no problems when traveling in the car, eating in restaurants, or on outings in the community;
- is good at completing easy household chores and taking care of his own personal needs;
- needs help in crossing the street, identifying himself to others, ordering food in a restaurant.

With this important information, John and the staff who work with him at home and at work were able to set up a training plan which included the following goals:

John will be able to identify himself to others.

John will be able to order a basic meal in a restaurant.

John will work on the landscape crew.

These are things which will help him live more independently and which can be worked on both at home and at work. This is an example of how the Home Interview can work for everyone.

## HOME INTERVIEW COVERSHEET

This should be filled out before the interview. Don't forget to send the Home Interview to the consumer & service providers before your appointment.

Consumer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Residential Service Provider: \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Directions to Place of Interview:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INTERVIEW SCHEDULE

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Place of Interview: \_\_\_\_\_

Present: \_\_\_\_\_

## HOME INTERVIEW GUIDELINES

### Things to remember:

- Make sure that you pick a time that is convenient for everyone;
- Make sure that the consumer is home if at all possible;
- Everyone who is present should be involved in the interview process;
- Make sure that the consumer is the 'center' of the interview.

### Things to take along with you:

- The Home Interview packet;
- An extra blank copy to leave at the home;
- ☐ Last year's Home Interview report (if applicable);
- Other information that will help complete the interview;
- A self-addressed, stamped envelope for returning the feedback sheet.

## PERSONAL UPDATE

### LIVING ARRANGEMENT

How long have you lived in this home? \_\_\_\_\_

Is this your \_\_\_\_\_ own home \_\_\_\_\_ parents' home \_\_\_\_\_ a community residence  
\_\_\_\_\_ other: \_\_\_\_\_

Do you \_\_\_\_\_ have your own room \_\_\_\_\_ share a room with someone

How many others live in the home? \_\_\_\_\_

How do you get along with others in the home? \_\_\_\_\_ very well \_\_\_\_\_ okay \_\_\_\_\_ not so well

If 'not so well', how come?: \_\_\_\_\_

Do you have relatives who live in this area? ☐ yes ☐ no

If yes, who? \_\_\_\_\_ How often do you visit? \_\_\_\_\_

### MEDICAL INFORMATION

Are you currently using any prescription medications? ☐ yes ☐ no

If yes, please name the drug and when taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was your last physical? \_\_\_\_\_ Who is your physician? \_\_\_\_\_

Did any problems show up on the physical? ☐ yes ☐ no

If yes, please describe: \_\_\_\_\_

Who is your dentist? \_\_\_\_\_

Any other health concerns? \_\_\_\_\_

## OTHER INFORMATION

Are you currently receiving: \_\_\_\_\_ SSI \_\_\_\_\_ SSDI \_\_\_\_\_ Other: \_\_\_\_\_

If you are, who is the payee? \_\_\_\_\_

Do you have a guardian or conservator? ☐ yes ☐ no

If yes, who? \_\_\_\_\_

**Other Notes:**

[illegible]

## HOME INTERVIEW LIKES AND DISLIKES

To help us in planning, it's important to get an idea of what you like to do/can do and what you do not like to do/need help to do.

### FOODS (Snacks, treats, special diet?)

What kinds of food do you like? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What kinds of food do you dislike? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ACTIVITIES (Hobbies, sports, outings, places or events?)

What kinds of things do you like? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What kinds of things do you dislike? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONCERNS

Are there times when you have problems that would keep you from community activities? (For example, toileting accidents, hitting others, taking things, loud screaming, wandering off, etc.)

Around the house? ☐ yes ☐ no

If yes, what? \_\_\_\_\_

\_\_\_\_\_

What happens when you do this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During meals? ☐ yes ☐ no

If yes, what? \_\_\_\_\_

\_\_\_\_\_

What happens when you do this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Traveling in the car? ☐ yes ☐ no

If yes, what? \_\_\_\_\_

\_\_\_\_\_

What happens when you do this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the community? ☐ yes ☐ no

If yes, what? \_\_\_\_\_

\_\_\_\_\_

What happens when you do this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# HOME INTERVIEW NEIGHBORHOOD INVENTORY

This 'map' of the neighborhood will help develop a picture of where people live, work and play. It should be filled out first.

## STREETS

What are the streets in your neighborhood that you use a lot? How do you use them?

Street Name	Walk/Car/Bus?			If you walk, are there Signals/Crosswalks?	
_____	_____W	_____C	_____B	_____S	_____C
_____	_____W	_____C	_____B	_____S	_____C
_____	_____W	_____C	_____B	_____S	_____C
_____	_____W	_____C	_____B	_____S	_____C

## FAMILY & FRIENDS

Where are the homes of family and friends that you visit? How do you get there? How often do you visit?

How far away?		Walk/Car/Bus?			How often?			
_____1-5 blocks	_____5+ blocks	W	C	B	Daily	Weekly	Monthly	Other
_____1-5 blocks	_____5+ blocks	_____	_____	_____	_____	_____	_____	_____
_____1-5 blocks	_____5+ blocks	_____	_____	_____	_____	_____	_____	_____
_____1-5 blocks	_____5+ blocks	_____	_____	_____	_____	_____	_____	_____

## COMMUNITY

Where do you go in the community? How do you get there? When? How often? (For example, stores, outings, library, movie, doctor, dentist, etc.)

Place/City	Walk/Car/Bus?			When?		How Often?			
	W	C	B	Weekday	Weekend	Daily	Weekly	Monthly	Other

# HOME INTERVIEW STRENGTHS & TRAINING NEEDS

This is an opportunity to talk about the things that you like to do or can do and to think about the things that will help you be more independent in the community.

## COMMUNITY STRENGTHS

Here are some examples of places where people go in the community:

grocery store	department store	shopping mall
laundromat	repair shop	convenience store
fast food restaurant	sit down restaurant	ice cream parlor
doctor's office	dentist's office	beauty shop
barber shop	health club	YMCA/YWCA
track	concert	swimming pool
recreational park	sporting event	bowling alley
skating rink	pool hall	tennis court
video store	library	movie theater
club	ball park	basketball court

Where do you go and what do you do there?

Place:

Example:

Grocery Store

Activities:

Example(s):

Shop from a list, uses head pointer to select item, wait in line

---

---

---

---

---

---

---



---

---

---

---

---

---

---

## COMMUNITY TRAINING NEEDS

**Here are some examples of places where people go in the community:**

grocery store

laundromat

fast food restaurant

doctor's office

barber shop

track

recreational park

skating rink

video store

club

department store

repair shop

sit down restaurant

dentist's office

health club

concert

sporting event

pool hall

library

ball park

shopping mall

convenience store

ice cream parlor

beauty shop

YMCA/YWCA

swimming pool

bowling alley

tennis court

movie theater

basketball court

**Where and what would you like to learn to do in the community?**

Example: Get a haircut at the barber shop.

---

---

---

---

---

---

**What gets in the way?**

Example: I don't know how to take the bus.

---

---

---

---

---

---

## RECREATION & LEISURE STRENGTHS

**Here are some examples of things that people do for fun:**

frisbee	ball games	t.v.
skateboard	bike	skating
swimming	exercise bike	jogging
aerobics	computer games	electric games
board games	cards	coins
records	tapes	books
sewing	assemble models	knitting
visit friends	dancing	radio

**What do you do for fun?**

Example: Listen to music tapes.

Activity:

---

---

---

---

---

---

---

---

**Where do you do it?**

Example: Library

Place:

---

---

---

---

---

---

---

---

## RECREATION & LEISURE TRAINING NEEDS

**What you would like to learn to do for fun?**

Example: Play the tape recorder.

---

---

---

---

---

---

---

---

**What gets in the way?**

Example: I don't understand the buttons.

---

---

---

---

---

---

---

---

## HOME CHORE STRENGTHS

Here are some examples of things that people do at home:

handwashes dishes	dries dishes	operates dishwasher	cook packaged foods	cooks frozen foods
empties garbage	cleans counters	uses microwave oven	empties trash	makes sandwiches
sets table	clears table	makes bed	cleans spills	washes windows
strips bed	hangs up clothes	puts clothes in drawer	mops	bakes in oven
operates washer	operates dryer	folds laundry	cares for pets	
puts laundry away	irons	uses a blender	vacuums	
cleans sink	cleans bathtub	cleans toilet	dusts	
waters lawn	pulls weeds	mows grass		
sweeps sidewalk	uses toaster	rakes leaves		

What chores do you do at home?

Example: Make my own bed.

Activities:

---

---

---

---

---

---



---

---

---

---

---

---

## HOME CHORE TRAINING NEEDS

What would you like to learn to do or do better at home?

Example: Make my own lunch.

---

---

---

---

---

---

What gets in the way?

Example: I can't follow a recipe.

---

---

---

---

---

---

## WORK STRENGTHS

**Here are some places people go to work:**

lumberyard  
restaurant  
grocery store  
hardware store

doctor's office  
hospital  
convenience store  
motel/hotel

library  
car dealer  
bank  
movie theater

**Here are some examples of things that people do at work:**

follow directions  
completes work  
buy snacks  
use the restroom

go to work on time  
get along with others  
take breaks  
lift things

ask for help  
take the bus  
eat lunch  
keep busy

**Where have you worked?**

Example: Restaurant  
Places:

---

---

---

---

---

---

**What did you do there?**

Example: Bus dishes  
Job Tasks:

---

---

---

---

---

---

## WORK TRAINING NEEDS

**Where/what would you like to learn to do for work?**

Example: Landscape nursery.

---

---

---

---

---

---

**What gets in the way?**

Example: He doesn't understand money.

---

---

---

---

---

---

## HOME INTERVIEW SUMMARY SHEET

Name of Consumer: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

What do we know about your neighborhood? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do we know about your likes and dislikes? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do we know about your strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What things have you decided you would like to work on with us?

*Community*

\_\_\_\_\_

\_\_\_\_\_

*Recreation/Leisure*

\_\_\_\_\_

\_\_\_\_\_

*Home Chores*

\_\_\_\_\_

\_\_\_\_\_



---

[illegible]

## How WAS THE HOME INTERVIEW?

When your home interview is finished, please take a few moments to answer the questions below and then send the answers in the self-addressed, stamped envelope attached to the Home Interview packet. We will use your feedback to help make the home interview better.

	YES	NO
1. Was the interview held at a convenient time for you? If no, what time would be better: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Was everyone at the home interview who needed to be there? If no, who else should have been there? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the purpose of the home interview clear to you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know what will happen with the information?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did all of your questions get answered? If no, what other questions do you have? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. What were the best things about the interview? _____ _____		
7. What could have been better? _____ _____		

Don't forget to mail this back to us. Thanks!

# **AREA-WIDE NEEDS ASSESSMENT**

## **How to use it**

**A** method for including people with developmental disabilities in gathering needs assessment information for the area where you live.

If you hold annual town meetings, make sure that you include consumers. One way to help is to provide all of the information 6-8 weeks before the meeting. This lets people work on it in smaller groups where they live or work. It also offers a better chance that people will participate in the town meeting and not just attend.

Another way is to assist consumers in holding a needs assessment workshop. Using an adapted version of the nominal group process (this works with professionals as well), consumers have a chance to talk about where they have been, where they are going and how they will get there.

## **ADAPTED NOMINAL PROCESS: A TASK ANALYSIS**

### **1. Getting people together**

- 1 You can hold an area-wide workshop and invite everyone; or
- 2 Ask people to send representatives from their area; or
- 3 Hold smaller workshops where people live and work.

### **2. Materials**

- 1 A place to hold the workshop.
- 2 Flip-chart paper, marking pens and tape.
- 3 A tape recorder or video-tape (optional).
- 4 Accessible bathrooms

### **3. The workshop**

- 1 Introductions
- 2 A workshop leader
  - a. This always works best when a consumer leads the workshop.
  - b. Recorders (writers) are usually support staff.
- 3 The rules
  - a. Anyone can say anything
  - b. Try to talk about what everyone else is talking about
  - c. Don't talk while someone else is talking
- 4 Activity #1 - Where We Have Been (optional)  
During this time, people get a chance to talk about the past, like —  
where they used to live and work  
what was good about the past  
what could have been better

All thoughts are written  
on the flip-chart paper in  
summary statements, like —  
lived with parents  
like going to school  
didn't make any money

- Activity #2—Where We Are  
During This Time, people  
get a chance to talk about  
the present, like —  
where they live and work  
what is good about the  
present  
what could be better  
All thoughts are written  
on the flip-chart paper in  
summary statements, like —  
live in a house with my  
friends  
like going to work  
don't make enough  
money

- Activity #3—Where We Are  
Going  
During this time, people  
get a chance to talk about  
the future, like —  
where they want to live  
and work  
what things will make life  
better  
All thoughts are written  
on the flip-chart paper in  
summary statements, like —  
live on my own  
a new job  
make more money

- Activity #4—How to Get  
There (Optional)  
During this time, people

break into small groups  
and look at the statements  
they have made about  
where they are going (they  
have been grouped into  
areas, like transportation,  
living, working, etc.) Now,  
it's time to think of some  
ways to get there. Each  
group lists —

- what is the biggest  
problem?  
e.g. not enough buses  
what are some examples?  
e.g. you can't get  
downtown on the  
weekend, some don't  
have lifts, the bus  
drivers aren't nice  
what could we work on  
first?  
e.g. more buses on  
the weekend  
how will we do it?  
e.g. write a letter to the  
bus company and ask  
for a meeting

#### 4. Time

- This depends on whether or  
not you use all of the  
activities. If you just use  
activities #2 & #3, you  
should count on 2 hours and  
if you use all four activities,  
you should allow 4-5 hours.

#### 5. A sample

- The following pages provide  
a sample of a completed  
summary report.

# **SUMMARY OF THE CONSUMER NEEDS ASSESSMENT WORKSHOP**

**North Bay  
Regional Center  
Napa, California  
July 1, 1981**

**SAMPLE**

**I**n 1981, 31 people with developmental disabilities from 13 programs in Napa, Solano and Sonoma counties met to talk about their needs. Using an adapted nominal process, consumers talked about the past, present and future. These comments were placed into groups named transportation, work, residential, social recreation and benefits.

People then chose one of these five groups and worked together to choose the major problems and suggest ways to solve them.

Below you will find a summary of the future and the major problems as seen by those consumers in 1981:

## **WHERE WE'RE GOING**

- More work and more pay
- Better transportation
- Recreation activities
- Counseling services
- More say in our lives
- Better wheelchairs
- Jobs in the community
- Help in moving from the hospital to the community
- Get married
- A place for people to learn about who we are
- Training in independent living

## **BIGGEST CONCERNS**

- Not enough pay and not enough work.
- Public transportation isn't good enough for people with disabilities.
- Not enough money to start homes and get the best people to work in them; too much paperwork and politics.
- The system is too slow and too hard to understand.
- No support for community recreation programs.

**DEVELOPING  
CONSUMER-  
BASED  
SERVICE  
PLANS**

B

**There are several ways to find out what services are needed by people with developmental disabilities:**

**ask;  
observe; and  
ask others.**

**Choosing the kinds of services that people want is one of the most important steps in encouraging freedom of choice.**

**T**he I.P.P. guide was written so that people with developmental disabilities can become more involved in writing their own service plans.

Provide it to the consumer 6-8 weeks before the planning meeting. This allows for time to complete it with or without assistance from someone else.

It could be placed on an audio tape for those who cannot read.

An audio tape of the consumer's ideas for the service plan could be made for those who are nervous about speaking to a group.

Include time to review the guide during the service plan meeting.

## **INDIVIDUAL PROGRAM PLANNING GUIDE:**

**Ideas on how  
to use it**

### **ASK, OBSERVE, ASK OTHERS**

First, try asking people who can read or understand words or sign to complete the planning activities on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) completing the planning activities.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the planning activities.



# **FOR PEOPLE WHO WANT TO HELP WRITE THEIR OWN I.P.P.**

**This workbook was written to help people get ready for their Individual Program Plan (I.P.P.) meeting. The Individual Program Plan is your map to the future. Just like a map, it can tell you the right direction to go. To make sure that this map or plan gets written in the best way, you need to help work on it.**

**One way to do that is to sit down and decide what you can do and would like to do now and in the future. This workbook will help you think about those things.**

Originally developed for the  
Area IV Board on  
Developmental Disabilities  
by William T. Allen

33



## **SOME THINGS TO THINK ABOUT**

1. The Individual Program Plan must list things that will help improve someone's skills or solve their problems in a certain way and in a certain amount of time - like "John will make a purchase of a snack item or soda in a store all by himself by the end of the year."
2. People learn things best in the places where they happen - like shaving in the bathroom or making a bed in the bedroom.
3. People learn things best when they use the real item - like using real money when learning how to count.
4. People learn things best when they do them at the time they are usually done - like brushing teeth after a meal or before going to bed.
5. People learn best from people - like learning how to work in places where other people work.
6. People learn best when the things that they learn are useful - like using the telephone or how to write a check.
7. It is important to think about things to learn that will help you become more independent where you live and work right now and where you will live and work in the future.

# THINGS ABOUT YOU

## HOME

Where do you live now?

☐ in the city    ☐ in the country

Where do you want to live?

☐ in the city    ☐ in the country

How do you live now?

☐ with other people    ☐ on my own

How do you want to live?

☐ with other people    ☐ on my own

What kinds of help do you need?

☐ none    ☐ help with cooking    ☐ help with chores    ☐ help with eating  
☐ help with getting dressed

## WORK

What kind of work do you do now? \_\_\_\_\_

What kinds of work do you want to do? \_\_\_\_\_

## COMMUNITY

What kinds of places do you go to after work or school and on the weekends?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will they get to and from work or school? \_\_\_\_\_

\_\_\_\_\_

## RECREATION

What kinds of things do you do for fun? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# KNOWING YOUR STRENGTHS AND NEEDS

Take a few moments to think about your strengths (what you do well, like buying things at the store) and needs (what will help you do things on your own, like learning to use the bus) and then write them down. Get someone to help you with this, if you need it.

## STRENGTHS

(What you can do & like to do)

At home:

---

---

---

---

At work:

---

---

---

---

In the community:

---

---

---

---

For fun:

---

---

---

---

## NEEDS

(What will help you on your own)

At home:

---

---

---

---

At work:

---

---

---

---

In the community:

---

---

---

---

For fun:

---

---

---

---

## DECIDING WHAT TO WORK ON

Now it's time to start thinking about what things should be written into your I.P.P. The best way to do this is to think about what will help you do the things you like to do and need to do.

Your social worker can help you with this, but you need to decide what you want help with now and later.

Look back at your strengths and needs list and place each need that you wrote down on one of the lists below:

Things I need help on right now (six months to 1 year from now)

(Example:) Using money

18

Things I need help on later (1 to 5 years from now)

(Example:) A new place to live

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There is no handwriting or other markings on the page.

## GETTING READY FOR THE I.P.P. MEETING

**Here are some things to do  
before the meeting:**

- ☐ Review what you have written in this workbook.
- ☐ Review your I.P.P. from last year.
- ☐ Write down any questions you want to ask.

Ask who else will attend the meeting and make sure that no one else is left out.

- ☐ If you want help from someone else during the meeting, then ask for an advocate.

**Here are some things to do at  
the meeting:**

- ☐ Show people this workbook and talk about the things you want help on right now.
- ☐ Be positive.
- ☐ Ask questions.
- ☐ Take notes or bring a tape-recorder.
- ☐ Remind people that it's their job to help get the things you need to be more independent at home, at work and in the community.
- ☐ Ask for a fair hearing if you do not agree with the things that are written in your Individual Program Plan.

## HOW TO TELL IF THE I.P.P. IS WORKING

About every six months, you should look at your Individual Program Plan to see if things are going the way they were written. You should ask yourself the following questions:

	YES	NO
1. Are you learning to do things on your own?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you learning to work and live with people who are not disabled.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you working where you want to?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you living where you want to?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you get to see your friends?	<input type="checkbox"/>	<input type="checkbox"/>

Are there things that could be better?

---



---



---



---

If there are a lot of "no" answers to these questions or if things could be going better, then you should talk with your social worker about ways to make things right.

**T**he I.T.P. guide was written so that people with developmental disabilities and their parents can become more involved in writing their own transition plans.

Find out about the transition plan process in the local school district and get involved.

This planning guide will be useful even if there is no formal process. Information developed in this workbook can be written into the I.E.P. if there is no Individual Transition Plan.

An audio tape of the consumer or parent's ideas for the I.T.P. could be made for those who are nervous about speaking to a group.

Include time to review the guide during the I.T.P. meeting.

## **INDIVIDUAL TRANSITION PLANNING GUIDE:**

**Ideas on how  
to use it**

### **ASK, OBSERVE, ASK OTHERS**

First, try asking people who can read or understand words or sign to complete the transition activities on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) in completing the transition activities.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the transition activities.

**BEST COPY AVAILABLE**



Original versions developed  
for: Sonoma County  
Transitions Project Area IV  
Developmental Disabilities  
Board  
by William T. Allen

**T**he **Transition Planning Guide** (TPG) is designed to help students and their families in planning for the future. It should be used to help you get ready for your transition plan meeting.

The language of this guide is meant to encourage:

- ☐ people with disabilities to fill it out on their own;
- ☐ families and advocates to explain it to people with disabilities who cannot fill it out on their own.

Each activity is an important step in preparing for the Individual Transition Plan (ITP) meeting.

Families, advocates and students should work together when filling it out. It will help:

- ☐ identify personal strengths and interests
- ☐ identify goals for the future.

## WHAT IS AN INDIVIDUAL TRANSITION PLAN?

The **Individual Transition Plan** is a written plan which outlines what a student will need to live, work and enjoy life as an adult. It should be written at least four years before someone is leaving school. The I.T.P. is written with the help of the student, parent, teacher, case manager and adult service provider. It spells out what everyone needs to do in order to provide the training and services needed for a smooth 'transition' from school. It is a bridge between the Individual Education Plan and other plans — like the Individual Program Plan.

**W**HAT  
**THIS**  
**WORKBOOK**  
**IS ALL**  
**ABOUT**

BEST COPY AVAILABLE

# OTHER WORDS & TERMS YOU SHOULD KNOW

**Goal:** This tells the general direction a person is going in, like "living in an apartment or working in the community or attending classes at the community college."

**Individual Education Plan:** The I.E.P. is written for students who receive special education services. This is a written plan which tells a student's present strengths as well as educational goals and objectives for the school year. It contains specific plans for teaching skills which will help people be more independent.

**Individual Program Plan:** The I.P.P. which provides general goals in areas other than education like work and recreation/leisure.

**Special Education:** Services for students who are not succeeding in regular education and need additional educational experiences in order to become independent and productive adults.

**Transition:** A carefully planned process which helps students move from school to adult life in the community.

Other words and terms you want to know:

Word or Term	What it Means

BEST COPY AVAILABLE

43

# YOUR INTERESTS, LIKES & DISLIKES

Take a few moments to think about the things that you like to do best (like swimming or listening to music) and things you don't like to do. Get someone to help you with this, if you need it.

## What do you like to do best?

At home:

---

---

---

At work:

---

---

---

For fun on your own:

---

---

---

## Are there things you don't like to do?

At home:

---

---

---

At work:

---

---

---

At school:

---

---

---

In the community:

---

---

---

For fun with others:

---

---

---

At school:

---

---

---

In the community:

---

---

---

# THINKING ABOUT THE FUTURE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

When do you plan to graduate? \_\_\_\_\_

## Employment & Education: A place to work & train after graduation

1. Where do you work or go to school now?

---

---

2. Where do you want to work or go to school after you leave high school?

---

---

## Living Arrangements: A place to live

1. Where do you live now?

_____ at home	_____ supervised residence
_____ on my own	_____ with a roommate
_____ other: _____	

2. Where do you want to live after you leave school?

_____ at home	_____ supervised residence
_____ on my own	_____ with a roommate
_____ other: _____	

## Community Recreation & Leisure Activities: Things for fun:

1. What kinds of things do you do for fun at home, in the neighborhood, community?

---

---

2. What kinds of things would you like to do for fun at home, in the neighborhood, community after you leave school?

---

---

Now it's time to start thinking about what things should be written into your transition plan. The best way to do this is to think about what will help you most to live and work where you want to and to enjoy your free time.

Your family, teacher or social worker can help you with this, but you need to look at the list below and place an "X" next to the 3 things that you want to talk about the most at your transition meeting. If you want to talk about more things, then just say so at the meeting.

### EMPLOYMENT & EDUCATION:

A place to work & train after graduation

- ☐ What kinds of jobs would you like?
- ☐ Would you like to work on your own or with others?
- ☐ Are there training services that would help you after high school, such as the community college or adult education?
- ☐ How will you get to and from work or school?
- ☐ Things you might want more information about (please check as many as you want).
  - ☐ supported employment
  - ☐ community colleges

- ☐ competitive employment
- ☐ rehabilitation facilities
- ☐ community education and training

- ☐ What kinds of help do you need from others?

### LIVING ARRANGEMENTS:

A place to live

- ☐ Where do you want to live (in the city, in the country)?
- ☐ How do you want to live (with other people, on your own)?
- ☐ Things you might want more information about (please check as many as you want)
  - ☐ family care home
  - ☐ foster care
  - ☐ semi-independent
  - ☐ independent
  - ☐ intermediate care facility
- ☐ What kinds of help do you need (none or do you need help with cooking and cleaning) from others?

## A CHECKLIST FOR YOUR MEETING

BEST COPY AVAILABLE

## **COMMUNITY RECREATION & LEISURE ACTIVITIES:**

### **Things for fun**

- ☐ What kinds of things will you do for fun at home, in the neighborhood, community?
- ☐ Things you might want more information about (please check as many as you want)
  - ☐ parks and recreation
  - ☐ community center
  - ☐ hobby clubs
  - ☐ sport or social clubs
- ☐ What kinds of help do you need from others?

## **PERSONAL MANAGEMENT:**

### **Other training**

- ☐ Taking the bus?
- ☐ Doing the laundry?
- ☐ Things you might want more information about (please check as many as you want)
  - ☐ social skills
  - ☐ money management
  - ☐ personal care
  - ☐ household management
- ☐ What kinds of help do you need from others?

## **HEALTH & MEDICAL**

### **Staying healthy**

- ☐ Do you need special medicines?
- ☐ How will you get to the doctor?
- ☐ Things you might want more information about (please check as many as you want)
  - ☐ dental care
  - ☐ health insurance
- ☐ What kinds of help do you need from others?

## **FINANCIAL & INCOME**

### **Money matters**

- ☐ How much money will you need to live on (for rent, food, fun)?
- ☐ What about insurance, benefits, taxes, SSI/SSDI?
- ☐ Things you might want more information about (please check as many as you want)
  - ☐ other benefits
  - ☐ social security benefits
- ☐ What kinds of help do you need from others?

## **FAMILY LIFE & SOCIAL RELATIONSHIPS**

Doing things with other people

- ☐ Where do your friends live?
- ☐ Will there be chances for you to have fun with people at work, home, with family and friends?
- ☐ Do you need information or training about family life or dating?
- ☐ How will you get to see your friends?
- ☐ Things you might want more information about (please check as many as you want)
  - ☐ home attendant
  - ☐ respite care
  - ☐ churches
- ☐ What kinds of help do you need from others?

## **ADVOCACY, LEGAL & LONG-TERM SUPPORT:**

Someone who can be there when you need it

- ☐ Do you need an advocate, counselor, support group?
- ☐ Things you might want more information about (please check as many as you want)
  - ☐ guardianships
  - ☐ trusts and wills
  - ☐ conservatorships
  - ☐ legal assistance
- ☐ What kinds of help do you need from others?

## **OTHER THINGS THAT YOU NEED TO LEARN ABOUT:**

---

---

---

---

---

---

---



## **YOUR TRANSITION PLAN MEETING**

### **Here are some things to do before the meeting:**

- Review what you have written in this workbook.
- Review your I.E.P., I.P.P. and I.T.P. from last year.
- Talk to your transition plan coordinator (that's probably your teacher) to make sure that you know what will happen at the meeting.
- Write down any questions you may want to ask.
- Ask who else will attend the meeting and make sure that no one is left out. Please invite everyone who will be helping you work on this plan, like families, brothers & sisters, care provider, case manager, and so on.
- If you need special help at the meeting (like an interpreter), then ask for someone to be there.
- If you want help from someone else during the meeting, then ask for it.

### **Here are some things to do at the meeting:**

- Show people this workbook and talk about the things you want to do after you leave high school.
- Be positive, this is your meeting and everyone there wants to help.
- Ask questions.
- Take notes, bring a tape-recorder or bring someone to take notes for you.
- Remind people that you're here to write a plan which will help you be more independent at home, at work and in the community.
- Ask for help if you do not agree with the things that are written into your Individual Transition Plan.

**BEST COPY AVAILABLE**

# How TO TELL IF THE PLANNING MEETING WENT WELL

When your transition plan meeting is over, fill out this worksheet.

- |   | YES  | NO   |
|---|--|--|
| 1. Were all of the people that you wanted at the meeting?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 2. Did everyone look at the things that you wrote in this workbook?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 3. Did you and your family, advocates, friends help decide what was written on the Individual Transition Plan?                | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 4. Did you get information about the kinds of services you might need after graduation?                                       | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Did you talk about all of the things on —<br><b>Your interests, likes and dislikes</b><br><b>thinking about the future</b> | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 6. Did you get to ask questions?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 7. Did all of your questions get answered?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 8. Are there transition goals for everything you marked on <b>A Checklist for Your Meeting?</b>                               | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 9. Are there dates for completing your transition goals?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 10. What were the best things about the meeting?  |  |  |

---



---

11. What could have been better?

---



---



---

If there are a lot of "no" answers to these questions, then you should ask to have another transition planning meeting.

## HOW TO TELL IF THE TRANSITION PLAN IS WORKING

About every six months, you should look at your Individual Transition Plan to see if things are going the way they were written.

You should ask, if you have not graduated:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Am I learning to be more independent?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Am I learning to work and live with people who are not disabled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does some of my training take place in the community?            | <input type="checkbox"/> | <input type="checkbox"/> |

You should ask, if you have graduated:

- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| 1. Am I working where I want to? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Am I living where I want to?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do I get to see my friends?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do I need any special help?   | <input type="checkbox"/> | <input type="checkbox"/> |

Are there things that could be better?

---

---

---

---

If there are a lot of "no" answers to these questions or if things could be going better, then you should ask to have another transition planning meeting.

**The law:**

For students who receive special education, the law says that everyone has the right to get the kind of education that he or she needs. If students need training in different types of community work before they graduate, this is something to ask for in the I.T.P. and the I.E.P. meeting.

**Things we know about how people with disabilities learn:**

1. People learn things best in the places where they happen — like shaving in the bathroom or making a bed in the bedroom.
2. People learn things best when they use the real item — like using real money when learning to count.
3. People learn things best when they do them at the time they are usually done — like brushing teeth after a meal or before going to bed.
4. People learn best from other people — like learning how to work from other people at work.
5. People learn best when the things that they learn are useful — like using the telephone or how to write a check.
6. It is important to think about things to learn that will help you become more independent where you live, work and have fun right now and where you will live and work and have fun in the future.

**OTHER  
THINGS TO  
THINK ABOUT**



**T**he ISEP guide was written so that people with developmental disabilities and their advocates or parents can become more involved in writing their own supported employment plan. Here are some ideas to think about in using it:

Provide it to the person 4-6 weeks before the supported employment planning meeting.

It could be placed on a tape for those who cannot read.

An audio tape of the consumer or parent ideas for the ISEP could be made for those who are nervous about speaking to a group.

Include time to review the guide during the planning meeting.

## **INDIVIDUAL SUPPORTED EMPLOY- MENT PLANNING GUIDE:**

**Ideas on how  
to use it**

### **ASK, OBSERVE, ASK OTHERS**

First, try asking people who can read or understand words or sign to complete the supported employment planning activities on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) in completing the supported employment planning activities.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the supported employment planning activities.

**BEST COPY AVAILABLE**

## **WHAT THIS GUIDEBOOK IS ALL ABOUT**

There are many more chances for people with developmental disabilities to earn money from a job than there used to be. Lots of people can work if they have the training they need to get a job and the help they need to keep it.

This guidebook will help you think about a lot of the things you will need to have written into your Individual Supported Employment Plan to make sure that it works for you.

BEST COPY AVAILABLE

## SOME WORDS & TERMS YOU SHOULD KNOW

**Follow-along:** This is what happens after a person is placed on a job. If you need something to help you keep your job, there will be someone who can help you. This is called follow-along.

**Individual Habilitation Plan:** This is a written plan which tells a person's goals for work and the kind of training it will take to reach those goals.

**Individual Program Plan:** This is a written plan which tells what a person needs to be more independent.

**Job-coach:** This is the person who will help you get used to your new job. That means helping you learn how to do the job in the way that is best for you.

**Placement:** When a person starts to work at a new job. It happens by matching what the employer needs with what you have to offer as a worker. There are individual placements and placements with others like work crews or work stations.

**Other terms or words I want to know:**

[illegible]



## SOME THINGS TO THINK ABOUT

There are some things that you should think about before you write your Individual Supported Employment Plan.

1. What kinds of support will you need to keep a job? For example, will you need help in writing checks or help with how to get along with other workers?
2. Will you need transportation to get to a job? Or do you know how to take a bus on your own?
3. How will working change where you live? Will you have to eat meals at a different time from everyone else at your house?
4. How will the money that you earn change any benefits that you get? Will you be able to keep your medical card if you work?
5. What will you do after work? How will you spend your free time?

6. What about your friends? Will you still be able to see them?

You may not know the answers to all of these questions right now, but you need to think about them. These are the kinds of questions you need to ask the people who help you write your supported employment plan.

If you have other questions about working, then write them below and talk about them when you have your individual supported employment plan meeting.

---

---

---

---

---

---

---

---

---

---

BEST COPY AVAILABLE

# THINGS ABOUT YOU

Where do you live now?

- ☐ at home
- ☐ on my own
- ☐ supervised residence
- ☐ with a roommate
- ☐ other: \_\_\_\_\_

Where do you want to live in the future?

- ☐ at home
- ☐ on my own
- ☐ supervised residence
- ☐ with a roommate
- ☐ other: \_\_\_\_\_

What kinds of work do you do now?

---

---

---

What kind of work do you want to do in the future?

---

---

---

What type of benefits do you receive - like SSI or Medicaid?

---

---

---

How much a month? \_\_\_\_\_

What do you do for fun?

---

---

---

How do you get around in the community?

---

---

---

BEST COPY AVAILABLE

Take a few moments to think about the things that you know how to do at work and the things that you need help with and then write them down. Get someone to help you with this, if you need it.

[illegible][illegible]

## A CHECKLIST FOR FUTURE WORK NEEDS

Here is a list of things which will help you start thinking about the kind of job you might like to find.

What kinds of jobs are there in your community?

---

---

Do you want to work:

- ☐ on your own (individual placement); or
- ☐ with others (enclave or work crew)

How long can you work?

- ☐ 4-6 hours
- ☐ 7-8 hours

Do you have any problems with walking?

- ☐ Yes ☐ No

Do you get to work on time?

- ☐ Yes ☐ No

Do you have medical insurance?

- ☐ Yes ☐ No

How do you get to and from a job?

- ☐ van ☐ parent
- ☐ take bus ☐ walk
- ☐ taxi ☐ ride bike

Are there times when you could not work?

- ☐ evenings
- ☐ weekends
- ☐ other: \_\_\_\_\_

Will you need help in:

- ☐ finding a job
- ☐ learning the job
- ☐ keeping the job

Do you have any problems with lifting?

- ☐ Yes ☐ No

Do you have any special physical needs?

- ☐ Yes ☐ No

If yes, what are they: \_\_\_\_\_

Do you get along with others?

- ☐ Yes ☐ No

Do you get social security benefits?

- ☐ Yes ☐ No

If yes, how much per month? \_\_\_\_\_

Do you need any special training?

- ☐ money management
- ☐ sex education
- ☐ cooking
- ☐ cleaning clothes
- ☐ other: \_\_\_\_\_

What kinds of things do you do for fun at home, in the neighborhood, community?

---

---

You may not know the answers to all of these questions right now, but you need to think about them. These are also the kinds of questions you need to ask the people who help you write your individual supported employment plan.

## **GETTING READY FOR YOUR INDIVIDUAL SUPPORTED EMPLOYMENT PLAN MEETING**

**Here are some things to do  
before the meeting:**

- ☐ Review what you have written in this workbook.
- ☐ Remember to write down any questions you want to ask.
- ☐ Ask who else will attend the meeting and make sure that no one is left out.
- ☐ If you want help from someone else during the meeting, then ask for it.

**Here are some things to do at  
the meeting:**

- ☐ Show people this workbook and talk about the kinds of work you want to do and the kinds of support that will help you keep your job.
- ☐ Be positive.
- ☐ Ask questions.
- ☐ Take notes or bring a tape-recorder.
- ☐ Remind people that it's their job to help you get the kind of work that will be best for you.

- ☐ Ask for another meeting if you do not agree with the things that are written in your Individual Supported Employment Plan.

## **CHECKLIST FOR YOUR MEETING**

Here is a list of things you need to talk about when you meet to write out your supported employment plan. Just check them off as you talk about them:

### **WORK PLACES.**

- ☐ What kinds of jobs are there for you?
- ☐ Will you work on your own (individual placement) or with others (work crew or work station)?

### **THE KINDS OF HELP THAT YOU NEED.**

- ☐ Help in finding a job, learning the job, keeping the job.

### **WORK STRENGTHS AND NEEDS.**

- ☐ How long can you work (2 hours, 8 hours)?

How hard can you work (lifting, walking)?

Any special physical needs?

### **OTHER WORK STRENGTHS AND NEEDS.**

Do you get to work on time?

Get along with others?

### **MONEY**

What about insurance, benefits, taxes, SSI/SSDI?

### **SPECIAL WORK NEEDS.**

Draft registration, social security number, driver's license, bus pass?

### **HOME AND WORK.**

How will you get to and from your job?

Is your work schedule right for you and the people you live with?

Are you moving soon?

### **OTHER TRAINING YOU MIGHT NEED.**

Taking the bus, taking care of money, cooking, cleaning?

Sex education?

### **DOING THINGS WITH OTHER PEOPLE.**

Will there be chances for you to have fun with people at work, with family or with friends?

### **ANYTHING ELSE THAT YOU WANT TO TALK ABOUT.**

---

---

---

---

---

---

---

# YOUR WORKER'S HANDBOOK

There are things that you should know about where you work. If you fill out the list below, it will help you remember these things:

## ABOUT THE JOB.

Name of the place where you work: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your job: \_\_\_\_\_

Name of your supervisor: \_\_\_\_\_

What time do you start work? \_\_\_\_\_

What time are your coffee breaks? \_\_\_\_\_

When is lunch time? \_\_\_\_\_

What time is work over? \_\_\_\_\_

## WORK RULES.

Is it okay to smoke? ☐ Yes ☐ No

Other special rules? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## YOUR PAY.

How much do you get paid? \_\_\_\_\_

Do you get paid by the ☐ hour ☐ item ☐ day ☐ week?

When do you get paid? \_\_\_\_\_

## YOUR BENEFITS.

Do you get paid holidays? ☐ Yes ☐ No

If yes, when are they? \_\_\_\_\_

Do you get vacation days? ☐ Yes ☐ No

If yes, how many days per month? \_\_\_\_\_

Do you get paid sick leave? ☐ Yes ☐ No

If yes, how many days per month? \_\_\_\_\_

Is there medical insurance? ☐ Yes ☐ No

If yes, who pays for it? \_\_\_\_\_

Is there dental insurance ☐ Yes ☐ No

If yes, who pays for it? \_\_\_\_\_

## OTHER THINGS YOU SHOULD KNOW.

What do you do if you get hurt? \_\_\_\_\_

What do you do if there is a fire? \_\_\_\_\_

Who do you go to if you have a problem? \_\_\_\_\_

What does it take to get a raise? \_\_\_\_\_

What does it take to get fired? \_\_\_\_\_

What is the 'grievance procedure'? \_\_\_\_\_



**METHODS OF  
CONSUMER-  
BASED  
EVALUATION**

65

63

---

In most service systems, it's the consumer that decides what does and does not work. Looking at a variety of services or products and deciding which one suits you best is another freedom of choice that we often take for granted. People with developmental disabilities should also have this freedom, for example:

- ☐ Choosing where to live;
- ☐ Choosing a job;
- ☐ Choosing service providers;
- ☐ Choosing a social worker;
- ☐ Evaluating where they live, work or go to school;
- ☐ Evaluating the staff who work with them.

Originally developed for Area  
IV Developmental Disabilities  
Board, 1983  
Revised for LIFEPLAN, 1987  
Adapted from the Site Visit  
Checklist (North Bay  
Regional Center, 1981)  
by William T. Allen

66

**T**he Housing Checklist was written so that people with developmental disabilities can become more involved in looking at the places where they live and finding out what they like and what could be better. It can also be used by consumers and parents who are thinking about places to live in the future.

Encourage people to look at the place where they live and complete the checklist on their own or with the help of an advocate or friend.

Give it to consumers and parents who are thinking about living options for the first time.

An audio tape of the checklist could be made for those who do not read.

Include time to review the checklist during the annual service planning meeting.

## **HOW TO USE THIS CHECKLIST**

(For people who live in the house)

Here is a way to look at the house where you live or the house where you might want to live. It will tell you things that are good about a house and things that could be better.

The best way to use this checklist to look at the house where you live would be:

1. Hold a meeting to tell other people who live in the house what you want to do and see if they will help you.
2. Tell the staff who work at the house what you want to do and ask when they can help you with the checklist.
3. Look at each number, read the words and then ask, "Is this the house where I live?"
4. Check "yes" or "no".
5. Ask someone to write notes about what you find out in the box next to the words.
6. When you are all done, share the good things with other people and staff.
7. If there are things that could be better, ask staff and others if they will help change them.

## **THE HOUSING CHECKLIST**

**Ideas on how to use it**

### **ASK, OBSERVE, ASK OTHERS**

First, try asking people who can read or understand words or sign to complete the checklist on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) in completing the checklist.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the checklist.

## HOW TO USE THIS CHECKLIST

(For people who want to live in a house)

The best way to use this checklist to look at a house where you want to live would be:

1. Make sure you get a chance to visit the house and look around.
2. Ask someone who lives or works at the house if they can help you with the checklist.
3. Look at each number, read the words and then ask "Is this the house where I want to live?"
4. Check "yes" or "no".
5. Ask someone to write notes about what you find out in the box next to the words.
6. When you are all done, share the good things with other people and staff.
7. If there are things that could be better, ask staff and others if they will help change them.
8. Think about all of these things before you decide if you want to live in the house or not.

## HERE IS WHAT TWO NUMBERS FROM THE CHECKLIST MIGHT LOOK LIKE WHEN YOU ARE DONE:

- 1.** The house is near other houses where people live.

☒ YES ☐ NO

### What we know about the house

There are houses all around this house. Some have families with children, others have one or two people living in them.

- 19.** There are things to do at the house for fun and exercise.

☒ YES ☐ NO

Everyday after dinner we walk around the block. On weekends we go to the movies or to baseball games or swimming.



### What we know about the house

**1.** The house is near other houses where people live.

☐ YES ☐ NO

**2.** The house is close to stores, banks, places to eat and so on.

☐ YES ☐ NO

**3.** The house is clean inside and outside.

☐ YES ☐ NO

**4.** There is room to move around in the house without bumping into other people.

☐ YES ☐ NO

**5.** There is a way to get heat into each bedroom.

☐ YES ☐ NO

**6.** The bedrooms have a place to keep things, like a closet and chest of drawers.

☐ YES ☐ NO

**7.** The beds are nice to sleep on and are big enough for each person.

☐ YES ☐ NO

**8.** The house looks like a place for adults.

☐ YES ☐ NO

**9.** The bathrooms work well and are easy to get to.

☐ YES ☐ NO

**10.** There are staff around when you need help.

☐ YES ☐ NO

**11.** The staff know how to help when you need it.

☐ YES ☐ NO

**12.** Staff can understand what you say and you can understand what they say.

☐ YES ☐ NO

**13.** Staff have a van or car to take you to places, like to the store or to the doctor.

☐ YES ☐ NO

**14.** Staff talk to you in a nice way and use your first name.

☐ YES ☐ NO

70



**15.** You can have friends and family come to the house and you can talk to them privately.

☐ YES ☐ NO

**16.** Staff are nice to your friends and family when they visit you.

☐ YES ☐ NO

**17.** Everyone has a written plan of training and activities.

☐ YES ☐ NO

**18.** There is training that goes on each day to help you work on your written plan.

☐ YES ☐ NO

**19.** There are things to do at the house for fun and exercise.

☐ YES ☐ NO

**20.** People can do things on their own like cook and wash clothes.

☐ YES ☐ NO

**21.** People go to the doctor and the dentist when they need to go.

☐ YES ☐ NO

**22.** The food tastes good and is good for you.

☐ YES ☐ NO

**23.** People get to choose things, like what clothes to wear and when to go to bed.

☐ YES ☐ NO

**24.** People know their rights and staff can explain them.

☐ YES ☐ NO

**25.** People do things in the community, like visit friends, go shopping or to parties.

☐ YES ☐ NO

**26.** Everyone helps make up the house rules.

☐ YES ☐ NO

**27.** People who live in the house want to live there.

☐ YES ☐ NO

**28.** You can get your own mail and use the telephone.

☐ YES ☐ NO



--

--

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

74

72

Originally developed for  
LIFEPLAN, 1987  
by William T. Allen

65

**T**he Workplace Checklist was written so that people with developmental disabilities can become more involved in looking at the places where they work and finding out what they like and what could be better. It can also be used by consumers and parents who are thinking about places to work in the future.

Encourage people to look at the place where they work and complete the checklist on their own or with the help of an advocate or friend.

Use parts of the checklist to interview consumers during program evaluations.

Give it to consumers and families who are thinking about work programs for the first time.

An audio tape of the checklist could be made for those who do not read.

Include time to review the checklist during the annual I.P.P. meeting.

## HOW TO USE THIS CHECKLIST

Here is a way to look at a training or employment service where you work or might want to work. It will tell you things that are good about a work program and things that could be better.

### **The best way to use this checklist is:**

1. Look at each item, and check **yes or no**.
2. Write down notes about what you found out.
3. Think about all the things that you like about the work service.
4. If there are things that could be better, ask staff if they will help change them.

### **If you are thinking about a place where you might work:**

5. Look at these notes and the notes you have on other work options and then see which one is best for you.
6. If you don't like what you see, then you might need to keep looking.

## **THE WORKPLACE CHECKLIST:**

**Ideas on how  
to use it**

### **ASK, OBSERVE, ASK OTHERS**

First, try asking people who can read or understand words or sign to complete the checklist on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) in completing the checklist.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the checklist.

BEST COPY AVAILABLE

**HERE IS WHAT TWO NUMBERS FROM THE CHECKLIST MIGHT LOOK LIKE  
WHEN YOU ARE DONE:**

- 2.** The training service uses stores, banks and other places, to teach things — like how to use money.

☒ YES ☐ NO

**What we learned about the training service**

People learn to purchase items at the store.  
They also use the bank and the library.

- 13.** People get paid for what they do.

☒ YES ☐ NO

People get paid the minimum wage.

- 1.** The training service is near places — like stores and banks.

☐ YES ☐ NO

**What we learned about the training service**

- 2.** The training service uses stores, banks and other places to teach things — like how to use money.

☐ YES ☐ NO

- 3.** When you are learning things, you are in small groups — like 2 or 3 people.

☐ YES ☐ NO

- 4.** Training will help people be more independent or get a job in the community.

☐ YES ☐ NO

**5.** The training service teaches things that adults need to know — like using the bus or how to use money.

☐ YES ☐ NO

**6.** There are chances to be around people who do not have disabilities, other than staff.

☐ YES ☐ NO

**7.** Staff talk to people at the training service like they talk to other adults.

☐ YES ☐ NO

**What we learned about the employment service**

**8.** Jobs are located at community businesses.

☐ YES ☐ NO

**9.** There is training for people when they first get a job.

☐ YES ☐ NO

**10.** There is training for people if they need extra help after they get the job, like changes in job duties.

☐ YES ☐ NO



**11.** People get to choose their jobs.

☐ YES ☐ NO

**12.** People get paid for what they do.

☐ YES ☐ NO

**13.** There is support for people if they need it, like help with social security.

☐ YES ☐ NO

**14.** There is an individual supported employment plan which covers many issues, like transportation, benefits, etc.

☐ YES ☐ NO

**T**he Staff Evaluation was written so that people with developmental disabilities can become more involved in evaluating the people who work with them.

Encourage residential and training or work providers to use it.

Consider using it as a way to ask consumers to look at how you are doing as their case manager.

An audio tape of the checklist could be made for those who do not read.

## **STAFF EVALUATION**

**Ideas on how  
to use it**

### **ASK, OBSERVE, ASK OTHERS**

First, try asking people who can read or understand words or sign to complete the evaluation on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) in completing the evaluation.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the evaluation.

BEST COPY AVAILABLE

## STAFF EVALUATION\*

Name of Consumer: \_\_\_\_\_ (Optional)

Date: \_\_\_\_\_

We need your help in looking at how \_\_\_\_\_ does his or her job.  
Here are some things we want to know:

1. What does \_\_\_\_\_ do?

2. Do you see or talk with \_\_\_\_\_? ☐ Yes ☐ No

If yes, how often? \_\_\_\_\_

3. Can you talk about problems with \_\_\_\_\_?

4. Does \_\_\_\_\_ listen to you?

5. Is \_\_\_\_\_ doing a good job helping you with the things that you need to learn?

6. Does \_\_\_\_\_ do what he or she says he or she will do?

7. How does \_\_\_\_\_ treat you?

8. What are some things that \_\_\_\_\_ does well?

9. What are some things that \_\_\_\_\_ could do better?

\*Adapted from Becoming  
Independent, Santa Rosa, CA



**T**he IPP Checklist was written so that people with developmental disabilities can become more involved in asking for changes in their service plans when they are needed.

Provide it to all consumers.

Provide a self-addressed, stamped envelope, if needed.

An audio tape of the checklist could be made for those who do not read.

## IPP CHECKLIST\*

My name is \_\_\_\_\_  
and I want to talk to you about:

- ☐ Work or School
- ☐ Home
- ☐ Learning some new things
- ☐ Moving
- ☐ Problems with friend or family
- ☐ Learning about sex and family planning
- ☐ Getting a ride to go to places in the community
- ☐ Help with money
- ☐ My health
- ☐ Other things

Date received: \_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IPP CHECKLIST

Ideas on how to use it

### ASK, OBSERVE, ASK OTHERS

First, try asking people who can read or understand words or sign to complete the checklist on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) in completing the checklist.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the checklist.

\*Adapted from work by  
Katrice Jaco, Becoming  
Independent, Santa Rosa, CA

BEST COPY AVAILABLE

# QUALITY OF LIFE SURVEY

**Ideas on how  
to use it**

The Quality of Life Survey was adapted so that people with developmental disabilities can become more involved in evaluating where they live and work and in making changes in their lifestyle.

Encourage consumers to fill it out before the annual service plan meeting.

An audio tape of the survey could be made for those who do not read.

Include time to review the survey during the annual meeting.

## **ASK, OBSERVE, ASK OTHERS**

First, try asking people who can read or understand words or sign to complete the survey on their own or with help.

Second, observe people who do not read or understand words or sign very well and act as their advocate (or choose someone else) in completing the survey.

Third, ask others who know the person well (like a friend or relative or service provider) to help complete the survey.

**BEST COPY AVAILABLE**

# QUALITY OF LIFE SURVEY\*

Name of Consumer: \_\_\_\_\_ Date: \_\_\_\_\_

## I. YOUR JOB.

1. What do you do at work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Who decided you should get this job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What do you like about your work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you want to work somewhere else? \_\_\_\_\_

If yes, where? \_\_\_\_\_

If yes, what stops you from changing your job? \_\_\_\_\_

\_\_\_\_\_

## II. YOUR HOME

1. Where do you live? \_\_\_\_\_

\_\_\_\_\_

2. Who decided you should live there? \_\_\_\_\_

\_\_\_\_\_

\*Adapted from Quality of Life  
Index: A Consumer  
Questionnaire by Mary Biggs  
and Marylou Scavarda,

September 1986 in QUALITY  
INDICATORS IN SUPPORTED  
EMPLOYMENT PROGRAMS:  
A Review System.

3. What do you like about living there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Would you rather live somewhere else? \_\_\_\_\_

If yes, what stops you from moving? \_\_\_\_\_

\_\_\_\_\_

### **III. GETTING AROUND**

1. How do you get to work? \_\_\_\_\_

\_\_\_\_\_

2. Would you rather get to work some other way? \_\_\_\_\_

If yes, how? \_\_\_\_\_

### **IV. YOUR COMMUNITY**

1. What do you do after work and on weekends? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How do you get there? \_\_\_\_\_

\_\_\_\_\_

3. Who decides how you spend your time after work and on weekends? \_\_\_\_\_

\_\_\_\_\_

4. Would you rather do something different after work or on weekends? \_\_\_\_\_

If yes, what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## V. YOUR MONEY

1. Where does your money come from? \_\_\_\_\_  
\_\_\_\_\_
2. Do you cash your own check(s)? \_\_\_\_\_
3. What do you like to spend your money on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Who decides how you spend your money? \_\_\_\_\_  
\_\_\_\_\_
5. Would you rather spend your money on something else? \_\_\_\_\_  
If yes, how? \_\_\_\_\_
6. What stops you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER WAYS

There are other ways to include people with developmental disabilities in the evaluation of the programs they use. One way is to provide training for consumers to participate on evaluation teams. This has already happened successfully in some states. The key is to use information that is written in easy-to-understand language and to offer support and training.

For people who have fewer skills, there are additional ways to encourage participation:

- provide a support service assistant to help read and record notes;

- use a tape recorder;

- ask consumers to complete one part of the evaluation, e.g. questions which have to do with rights, etc.

The following pages provide some examples of evaluation information written in easy-to-understand language.

(Full text is available from  
Area IV Board on  
Developmental Disabilities,  
236 Georgia Street  
Suite 201  
Vallejo, CA 94590  
(707) 648-4073

## ADAPTING EVALUATION INSTRUMENTS

### EVALUATION INSTRUMENT:

A Normalization and Development Instrument (1978)

Original Version

**Rights 8.2 The agency receives feedback from individuals served.**

This can be done by regular group sessions which are designed to obtain suggestions from individuals as well as surveys, questionnaires, suggestion box, and meetings with individuals and their families to obtain comments. Give **partial** credit if the means used are informal and on an ad hoc basis, or if only one method is utilized. Give credit for **yes** if two or more means are used on a regular basis.

- ☐ yes
- ☐ partial
- ☐ noncompliance
- ☐ not known
- ☐ not applicable

Understandable Version

**Rights 8.2 People who go to the program are asked what they think about it.**

People who work at the program ask people what they think about it by meeting with them. They also write down people's ideas about what is good and what could be better. If they listen, but don't write anything down, then mark **sometimes**.

- ☐ yes
- ☐ sometimes
- ☐ never
- ☐ don't know
- ☐ does not apply here

## EVALUATION INSTRUMENT

Proposed Residential Quality Assurance Standards, State of California Department of Developmental Services

Original Version  
Rights 2.1

A statement of resident rights is posted where it is easily accessible to residents and visitors. The statement includes a description of procedures to be followed and whom to contact if the person has questions or complaints regarding rights.

Understandable Version  
Rights 2.1

There should be a list of rights where people can see it every day. It should say who people can call for help about their rights.

Other evaluation instruments which are available and have successfully used consumer participation include:

Residential Evaluation Project  
Area III Board on Developmental Disabilities  
2400 Glendale Lane, Suite A  
Sacramento, CA 95825

A Guide to Program Quality Review  
of Day Programs  
State of Connecticut  
Department of Mental Retardation  
Available from Linda H. Rammler  
286 Barbara Road  
Middletown, CT 06457

(The full text of these standards in understandable language is available from Sonoma County Citizens Advocacy, P.O. Box 4449, Santa Rosa, CA 95402 (707) 578-6070.)

**IDEAS ON  
MAKING THE  
SERVICE  
SYSTEMS  
UNDERSTAND-  
ABLE**



---

Another way to increase participation in the service system is to provide consumers with information that is easy to understand. People with developmental disabilities and their friends and advocates should have access to the same information that is available to all others. Access means understanding written materials:

- ☐ **so that people with developmental disabilities who read, can read it and use it;**
- ☐ **so that people who advocate for those who cannot read, can explain it more easily;**
- ☐ **so that we can all understand something together.**

It's really not difficult to do. Writing in an understandable way is writing in a more conversational style. It's how you would talk to someone who you know and respect. The following pages contain some examples.

## CONSUMER RIGHTS STATEMENT

Rights are the things that the law says you should get, like the training that you need to live and work like everyone else. You have many rights when you work here:

You have the right to be by yourself when you want to be.

You have the right to be treated well by the staff.

You have the right to a safe place to work, where you won't get hurt.

People do not have the right to say or do bad things to you or keep you from eating or take your money.

You have the right to know the rules about working here.

You need to know what to do when you don't like something.

You have the right to speak up for yourself.

You have the right to ask for an advocate, or someone to speak up for you.

You can ask that a report about how you are doing be given to you, your family or your advocate.

You have the right to have your questions or concerns answered as soon as possible.

You have the right to have a place to keep your things.

You have the right to use a telephone for private calls.

None of your rights can be taken away without a chance for you to tell your side of the story.

You have a right to get the training you need to live and work more independently.

You have the right to see a doctor when you need to and without waiting a long time.

Staff cannot do things that might physically hurt you.

BEST COPY AVAILABLE

## ADAPTING BY-LAWS

### By-Laws of the Area IV Board on Developmental Disabilities

#### Original Version

Section 10.03 **All votes must be cast in person, not by proxy.**

#### Easy to Understand Version

Section 10.03 **You have to go to board meetings, if you want to vote on things.**

#### Original Version

Section 2.01 **Area IV Board is established by, and shall operate always in accordance with the provisions of, the Lanterman Developmental Disabilities Services Act, hereinafter referred to as the Lanterman Act, as passed by, and as may be amended by, the Legislature of the State of California.**

#### Easy to Understand Version

Section 2.01 **The area board will follow the law that is called the Lanterman Act.**

### NOVEMBER, 1987 AN ELECTION WORKSHEET FOR PEOPLE WITH DISABILITIES IN CALIFORNIA

People with disabilities and their families make up about 14% of those who live in California. This can mean a lot of votes for those who are running for offices in November. So, it's important that everyone votes.

As you think about how to vote, here are some questions to ask yourself about the people who want your vote:

What will he/she do to help get more people with disabilities into jobs?

How will he/she support parents who choose to keep their children with disabilities at home?

What will he/she do to make homes for people with disabilities safe and good?

## **WHAT TO DO IF I DON'T LIKE SOMETHING: A GRIEVANCE PROCEDURE FOR CONSUMERS**

If something happens to you in the place where you live or work and you think it takes away one of your rights, then you can start a grievance.

**What are your rights?** Rights are the things that laws say you should get, like the training that you need to live and work like everyone else.

**What is a grievance?** It is what happens if you think that the program is taking away one of your rights. A grievance gives you a chance to tell your side of the story and to try to get things changed.

### **What do you do?**

1. Tell someone who works with you about the problem. They will help you write it down on a piece of paper.
2. This staff person will try to help you with your problem and tell you an answer to it in words and writing within 7 days.
3. If you don't like the answer, then you can take the problem to the Director of the program. The Program Director will then try to help you with your problem and tell you an answer to it in words and writing within 7 days.
5. If you don't like that answer, you can take the problem to your social worker.

**PROMOTING  
SELF-  
ADVOCACY**

**"If you think you are handicapped,  
you might as well stay indoors;  
If you think you are a person,  
come out and tell the world."**

*Raymond Loomis*

The late Raymond Loomis,  
People First of Nebraska

All of the information presented in the previous sections is focused on helping people with developmental disabilities become more involved in the decisions which affect their lives. While we can advocate for others through the best of intentions in a consumer-oriented service system, the most important method of advocacy is self-advocacy. Self-advocacy is people speaking up for their own rights in their own individual ways.



**W**e can help people become self-advocates through individual service plans. Training and experience in decision-making can be written into training objectives in many ways, depending on the needs and skills of consumers. The desired outcome of all of these objectives is more independence. Here are some examples:

**Timing of events.** For example, choosing when to get up on the weekend or when to go to bed at night or when to get a haircut or when to eat dinner.

**Jack will be provided with at least 2 chances each day to choose the timing of an event at the places where he lives and works.**

**Personal choices.** For example, what clothes to wear, what shampoo to buy, which cereal to eat.

**Jan will be provided with at least 2 chances each day to make personal choices at the places where she lives and works.**

**Methods of training.** For example, choosing between places where training will occur or who will provide the training.

**Margaret will choose street-crossing sites near her home for mobility training.**

**Staff evaluation.** For example, through interviews with consumers or through observations of staff-consumer relationships.

**Jack will participate in the evaluation of 3 staff members at the place where he lives.**

**Hiring of staff.** For example, asking consumers for input after potential staff have spent a day in the program.

**John will participate on the agency Personnel Committee of the work program with support as needed.**

**Agency board of directors.** For example, a work training service or a regional center.

**Margaret will attend 8 out of 10 board meetings within one year with support as needed.**

## **SELF- ADVOCACY OBJECTIVES**

BEST COPY AVAILABLE

## SELF-ADVOCACY MATERIALS

**Self-charting.** For example, a picture symbol calendar for self-care and chores.

**Jack will complete all of his self-care at home without staff reminders.**

**Assertiveness training.** For example, an assertiveness training class at the community college.

**John will complete the assertiveness training class with assistance and transportation as needed.**

**Self-advocacy training.** For example, joining a local People First chapter.

**Margaret will attend monthly People First meetings with assistance and transportation as needed.**

**Annual planning meetings.** For example, making sure that the consumer is present and allowing for time to make sure that he or she understands what is happening.

**Jack will complete the IPP Planning Guide with assistance before the next annual meeting.**

*"We are people first, and our handicaps are second. We wish people would recognize this and not give us a tag like handicapped or retarded."*

People First of Nebraska

There are many materials which are now available to help train people in self-advocacy. They include:

**Assertiveness:** By Laura Crawford and Mary Hart-Furman. From People First of Washington, P.O. Box 381, Tacoma, WA 98401. \$1.00

A curriculum for teaching the differences between non-assertive, assertive and aggressive behavior. Includes graphics for non-readers and skits for practicing the behaviors.

**Evaluation-Every Person's Right.** By Barbara Noone Gibbons and Jacqueline Osborne. From Kansas University Affiliated Facility, 348 Haworth, Lawrence, Kansas 66045. \$2.50



Uses easy to understand language and pictures to explain what evaluation is, and one's right and need to evaluate services.

**The Self-Advocacy Workbook.** By Nancy E. S. Gardner. From Kansas University Affiliated Facility, 348 Haworth, Lawrence, Kansas 66045. \$13.00

Covers many aspects of starting and running a self-advocacy group along with stories, questions and answers and checklists.

**The People First Handbook.** From People First of Washington, P.O. Box 381, Tacoma, WA 98401. \$10.00

Describes the philosophy of People First and how to start a chapter, e.g. choosing officers, handling money, etc.

**How to Work with the System and Win.** By Barbara Noone Gibbons and Jacqueline Osborne. From Kansas University Affiliated Facility, 348 Haworth, Lawrence, Kansas 66045. \$2.50

This booklet offers illustrated steps on how to get across your point, for example, how to be assertive.

**Advisor's Guide for Self-Advocacy.** By J. Jeff Woodyard. From Kansas University Affiliated Facility, 348 Haworth, Lawrence, Kansas 66045. \$4.00

This booklet was written to help advisors start self-advocacy groups and provides practical step-by-step information.

**Board and Care.** A rental film from Pyramid Films, P.O. Box 1048, Santa Monica, CA 90406-1048.

A movie about a woman who is forced to move away from her friends. It explores the issues of who should decide what is best for people.

**People First.** A rental film from James Stanfield & Associates, P.O. Box 1983, Santa Monica, CA 90406.

A documentary about the second People First convention in Oregon in 1975. Presents information from consumers about what People First is all about and what it means to people.

## REFERENCES

## REFERENCES

- Allen, B. Biggs, M., Sanford, J., Scavarda, M., & Scott, P. (1987). *Quality indicators in supported employment programs: a review system*. Santa Rosa: Quality Assurance Committee.
- Bellamy, G. T., & Wilcox, B. (1981). *From school to what? Transition services for students with severe handicaps*. Eugene: University of Oregon.
- California State Department of Education (1982). *Individualized critical skills model*. Sacramento: Department of Education.
- California State Department of Rehabilitation (1985). *OSERS California project*.
- Galloway, C. & O'Brien, J. (1981). *Mapping vocational service accomplishments*. Paper presentation.
- Horton, B., Maddox, M., Edgar, E. (1984) *Adult transition model: planning for postschool services*. Seattle: Edmark.
- Kiernan, W.E. & Stark, J.A. (1986). *Pathways to employment for adults with developmental disabilities*. Baltimore, Maryland: Paul H. Brookes.
- Lakin, K.C. & Bruininks, R.H., Eds. (1985). *Strategies for achieving community integration of developmentally disabled citizens*. Baltimore, Maryland: Paul H. Brookes.
- North Bay Regional Center (1987). *Sonoma county transitions project: Cooperative models for planning and developing transitional services, final report*. Napa: NBRC.
- O'Brien, J. in Wilcox, B. & Bellamy, G.T. (1987). *A comprehensive guide to the activities catalogue: An alternative curriculum for youth and adults with severe disabilities*. Baltimore: Paul H. Brookes Publishing.
- Parham, J.D., Rude, C. & Bernanke, P. (1977). *Individual program planning with developmentally disabled persons*. Lubbock: Research & Training Center in Mental Retardation.
- Residential Quality Assurance Committee (1986). *What I would want to know about a residential program*. Napa: Area IV Board.
- SSI/SSDI Task Force. (1986). *S.S.I.: Information for California consumers*. Napa: Area IV Board.
- Wilcox, B. (1982) Forum: Mastering prerequisite skills: The 'readiness' logic. *TASH Newsletter*, 8(7), July.

BEST COPY AVAILABLE

Design and Production:  
Destiny 2 Inc, St. Paul, MN

100



**U.S. Department of Education**  
Office of Educational Research and Improvement (OERI)  
National Library of Education (NLE)  
Educational Resources Information Center (ERIC)



## **NOTICE**

### **REPRODUCTION BASIS**



This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.



This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").